

RAUMATI BEACH SCHOOL

Parent Application to help on Team Kapiti Camps
Please return to the School Office by Friday 11 May

Name: _____ Child's name: _____ Rm: _____

I wish to be considered as a parent helper for:

- Camp 1 – Rooms 15, 16, 18 19-23 November**
- Camp 2 – Rooms 13, 14, 17 26-30 November**

I understand that:

- There may be many parent-helper applications, and I may be unsuccessful in gaining a place.
- I will be available to assist as required at any time during the day or night for the duration of the camp, including during the bus and ferry journeys to and from the camp.
- A police vetting form will be sent home on receipt of this application (some parents may have current vetting)
- I will be required to follow the instructions of the camp leaders and the teachers at all times.
- I will be required to use my skills and initiative to ensure the safety of all participants and the successful running of the camp.
- My conduct will be a positive role model for all students attending the camp.

In support of my application, I can offer the following skills (please complete as appropriate):

Qualification/Area of Expertise	Skills/experience			Notes (recent experience, certification etc.)
	A lot	Some	A little	
Previous school camps attended				
First Aid Certificate				Valid until or Date Lapsed:
CPR, Lifesaving				
Leading Youth Groups				
Marine/Boating/Swimming				
Bush, Tramping, Survival Skills				
"Camp Mother" Skills				
Other useful skills...				
Information that will support parent cabin allocations (eg, snoring)				

My contact details are:

Phone: _____ Mobile: _____

Email: _____

Signature: _____ Date: _____